DOCUMENT RESUME

ED 416 546 CS 509 743

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TITLE Community Health Resource Training for Native Americans.
PUB DATE 1997-11-00
NOTE 22p.; Paper presented at the Annual Meeting of the National Communication Association (83rd, Chicago, IL, November 19-23, 1997).
PUB TYPE Reports - Descriptive (141) -- Speeches/Meeting Papers (150)
EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Adult Learning; American Indians; *Audience Awareness; *Cultural Context; *Health Education; Health Needs; Intercultural Communication; *Learning Experience; *Theory Practice Relationship
IDENTIFIERS Health Communication; *Health Resources Information; *Native Americans; Oral Presentations; Theoretical Orientation; Traditional Healing; Uncertainty Reduction

ABSTRACT

This paper applies concepts from intercultural communication theory, adult learning theory, and traditional Native American medicine to a specific learning experience for Native Americans. The background is an educational opportunity offered by the Indian Health Services Bureau to tribe members to become employed on their reservations as Health Resource Persons (HRP), with attendance at an annual conference for training and development on a variety of health issues. Noting the lack of information available related specifically to the interpretation of health conditions in a cultural context, a conference presenter focused on an understanding of the culture's attitudes and beliefs toward health issues and an explication of adult learning principles relevant to these issues in her presentation. A literature review focused on the following objectives: developing an understanding of uncertainty reduction theory as it pertains to the intercultural experience; developing an understanding of traditional Native American medicinal practices; and selecting the most appropriate adult education theory to integrate these issues. After the conference experience, the presenter examined her performance and noted that a facilitator with more modest and humble manner would probably have developed audience rapport more quickly and the progressive education theory is more consistent with the philosophies of the culture. The Native American culture has a noncompetitive attitude, and the audience responded to group activities much better than to individual activities. Also noted was that the conference organizer needed more expertise in adult education. (Contains 10 references.) (NKA)

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Running Head: NATIVE AMERICANS

Community Health Resource Training For Native Americans

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Introduction

The purpose of this paper is to apply concepts from intercultural communication theory, adult learning theory and traditional Native American medicine to a specific learning experience for Native Americans.

The Indian Health Services Bureau offers an educational opportunity to tribe members to become employed on their reservation as Health Resource Persons (HRP). The selected individuals are sent annually to a three-week conference for training and development on a variety of health issues. This conference provides most of of the educational preparation they will receive for this task.

I was invited to be a presenter for the 1996 Summer Conference held in Tuscon, Arizona. My educational background as an Adult Nurse Practitioner and as a Community Health Educator qualified me for the invitation. The content of my presentation included health education areas on prenatal care, childbirth, fetal alcohol syndrome, diabetes, hypertension, heart disease, nutrition, and sexually transmitted diseases. The time frame for presenting this material was three days, which made this task a challenging opportunity.

The conference organizer gave me the content of the material that was to be presented to the participants. However, there was a lack of information available related specifically to the interpretation of these health conditions in a cultural context. To affect a change on health beliefs and behaviors, an

understanding of the cultural beliefs in the population is essential. My own cultural background (Caucasian female of European descent, raised in the Midwest) inhibited my ability to achieve this understanding. Consequently, my preparation for this presentation focused on obtaining a better understanding of the student's culture in general, an understanding of this cultures attitudes and beliefs towards health issues, and an explication of adult learning principles relevant to these issues.

Specifically, preparation for this conference included a thorough review of literature in three main areas, with a focus on the following objectives:

1. Developing an understanding of Uncertainty Reduction Theory as it pertains to the intercultural experience.
2. Developing an understanding of the traditional Native American medicinal practices.
3. Selecting the most appropriate adult education theory to integrate these issues.

Uncertainty Reduction Theory

This theory seeks to explain interpersonal communication during the beginning of an interaction. The core assumption of this theory is that when strangers meet, they seek to reduce uncertainty about each other (Infante, Rancer, Womack, 1993). Uncertainty reduction theory consists of three stages of initial interactions: the entry phase, personal phase, and exit phase.

The entry phase is generally controlled by communication norms. It would be inappropriate in this phase to ask a strangers about intimate details of their behavior. The personal phase consists of less constrained rules and norms in sharing more personal information and details. The last phase is the exit phase, during which communicators decide on future interaction plans. They discuss ways in which the relationship may grow and continue.

Uncertainty Reduction Theory advances the following seven axioms (Berger & Calabrese, 1975):

1. When uncertainty levels are high verbal communication between strangers decrease, and when uncertainty decreases verbal information increases.
2. When the interaction is for information seeking the perceived similarities between individuals will reduce uncertainty with an increased probability of a greater exchange of information.
3. Perceived similarities include similar background, attitudes, and appearance.
4. Nonverbal expressions of interest and attention increase as uncertainty decreases.
5. As a reduction in uncertainty continues, intimate messages may be exchanged.
6. Self disclosing statements reveal more intimate information and may rapidly move the relationship from the entry phase.

7. As uncertainty between communicators decreases the result us that they will like each other more and understand each other in a more meaningful way.

The understanding and awareness of these axioms are useful as they pertain to interactions between strangers and between people of various cultures. This information would be valuable for presenting ice-breakers at the beginning of this seminar, since there were vast cultural differences between the presenter and the learners.

Native American Health Beliefs

The Navajo Indian tribes' health belief system appear to be consistent with beliefs of other Native American tribes. According to Locust (1985) no two tribes have identical beliefs, but the majority of tribes have the following beliefs in common:

1. Native Americans believe in a Supreme Creator. In this belief system there are also "lesser" beings.
2. Man is a three-fold being made up of a body, mind, and spirit.
3. Plants and animals, like humans, are part of the spirit world.
4. The spirit world exists side by side and intermingles with the physical world.
5. Illness affects the mind and spirit as well as the body.
6. Wellness is harmony of body, mind, and spirit.
7. Unwellness is disharmony in body, mind and spirit.

8. Natural unwellness is caused by witchcraft.

9. Each of us is responsible for our own wellness.

In the Native American belief system, health is "not only a physical state, but also a spiritual one" (Hammerschlag, 1985). Therefore, healing in this culture involves a high degree of integration between religious beliefs and beliefs about health. Healing cannot be separated from culture, sacred narratives, or religion, nor can the social behavior of the Indian be separated from these things (Levy, 1963), and investigators of Native American ceremonies were unable to distinguish between healing ceremonies and worship (Kahn et al. 1975).

The belief system of the Navajo tribe is very representative of the basic Native American belief system. For the Navajo, as well as other tribes, there seems to be little or no difference between religion and medicine. There is a connection between these two belief systems that makes it almost impossible to understand one system without understanding the other. For instance, taboos have both a religious and physical significance. The result of breaking a taboo may result in an individual becoming ill or developing some form of disability. Some of the prevalent tribal taboos concern death, incest, menstrual cycle, witchcraft, certain animals, natural phenomenon such as lightning or an eclipse an particular foods (Locust,1985).

According to Claus (1961), the most important supernatural causes of disease are the spirits of the animals, who thus gain revenge for slights and abuses. Disrespect toward fire, such as

urinating or spitting on ashes will bring disaster. Insults of a similar nature to rivers have their penalty. Human ghosts who are lonesome for their relatives cause a disease, so as to provide congenial company, while an animal ghost will cause trouble if respect has not been shown to its body after it has been killed. A powerful disease-bringer is the magic used by witches to cause sickness. Other causes include dreams, omens, neglected taboos, and the evil influence attributed to a women during her catamenial period. For instance, the individual who has broken a taboo, or has been placed under some form of witchcraft by another, or is simply in "disharmony", is usually afflicted with some form of illness. A family member of the ill person will call the tribe's medicine man or women to assess the "patient".

A medicine man or woman has very distinct powers for assessing the "cause" of the illness (which taboo has been broken, etc.) The medicine man or woman has been trained through a lengthy apprentenceship by the previous medicine man or woman. They are instructed about which types of illness are related to which type of affront that has occurred. The also are given training about medicinal treatments. The Navajo tribe, among others, holds "healing ceremonies". These ceremonies are secret and only those invited to attend are aware of the specifics of the ceremony. Newcomb (1964) describes one of these healing ceremonies:

Four men carrying blankets filled with clean adobe-colored sand from the bank of the arroyo entered the lodge, and emptied part of the contents on the floor at the center of the hogan, reserving part of it for future use. To the north of the door, a blanket had been spread on which a large grinding stone had been placed, along with rocks and sands of different colors. There was white, red, and yellow sandstone; there was black charcoal to be ground with sand to make it heavy enough to fall through the fingers; and there was the charred root of the rock oak which would be ground with the white sand to produce a beautiful pastel blue. A sand painting was begun of the floor of the hogan by the sandpainters under the direction of the medicine man. The medicine man began chanting and waving a rattle; he then picked up bag of pollen and sprinkled it around each figure in the sandpainting. Twelve prayer sticks had been erected around the outside of the painting, and these were blessed. The patient was prepared and waiting and now entered the lodge followed by ten or twelve women of her family. She was dressed in new clothing. In the bend of her arm she carried a ceremonial basket filled with yellow corn meal. At a motion of the medicine man, she walked near the painting and tossed a spray of corn meal on each figure as her gift to the immortal it depicted. She then sat

down in the middle of the painting. The medicine man pressed prayer bundles to her head and body, had her drink herb infusions and created a face painting. He then moistened his hands and pressed them to the heads of all the sand figures and then pressed this sand to the head of the patient. This continued as the power of the figures in the sandpainting were transferred to the patient. Since these figures had been perfect, she would now gain perfect health.

The relationship between traditional Indian medicine and healing practices and western medicine involves primarily the component of "herbal infusions", or medicine. Certainly some of the most valuable drugs in official use even today are of Indian origin. Vogel (1970) has written a book about Native American medicine. He cites the various herbal remedies that were used, and later adapted by frontiersman for their own use. Some people mistakenly believe that synthetic drugs have eliminated Indian natural remedies. The first U.S. Pharmacopeia (1890) listed 296 substances, of which 130 were drugs used by Indians. The USP Dictionary of Drug Names through June, 1981, lists thirty-two substances or derivatives from substances used medicinally by Native Americans.

An important concept of health education to the Native American is the overlapping of religion and medical treatment. This concept was key to choosing the most appropriate type of adult learning atmosphere.

Adult Learning Theory

Recent course work in theories of adult learning proved to be helpful in assessing and using the most appropriate philosophical approach. The humanistic philosophy of education appeared to be the best fit. Patterson (1973) describes humanistic theory as a belief that man is naturally and inherently good. Given a loving environment and freedom to develop, humans will grow in a manner beneficial to themselves and society.

A fundamental concept of humanistic learning theory is a strong sense of responsibility to self and to others with the ability to develop towards one's fullest potential. The goal of humanistic education is the development of the person by striving for self-actualization, and to be able to live together as fully-functioning individuals. As such, the whole focus of humanistic education is on the individual learner rather than the body of knowledge. The student is the center of the process; the teacher is the facilitator, and learning is by discovery. The facilitator sets the initial mood or climate for the class experience. This philosophy was maintained throughout this three day portion of the three week seminar.

Application of Combined Theories In the Classroom

Day One

This was the beginning of the last week of a three-week HRP course. The students seemed fatigued. Incorporating the humanistic approach, the class was asked, "How are you doing?".

Many stated they were tired because they had been up late the night before visiting with their friends. Some said the chairs were to hard to sit in all day and this made them uncomfortable. Several stated they were extremely "homesick". Many of the tribal members had never been away from their reservations, out of their state, or away from their families. Some said they were exhausted from their traveling, and that they had never been on an airplane or on a college campus. All of these experiences in such a short period of time were starting to feel overwhelming. Several were developing some anxiety about their subsequent flight back to their home.

The class had about 40 participants. Approximately forty percent were male and sixty percent were female. The majority of the students were middle-aged. At least there was some subcultural similarity between the female students and me. Some similarity occurred across genders, in that we were all about the same age.

Incorporating Uncertainty Reduction Theory in this experience was initiated by discussing the fact that we were all away from our homes, and that we had traveled a long distance, most by plane, to attend this conference. We also discussed the educational goals we had in common. I expressed the desire to share my knowledge with them and hoped that they would share with me how this knowledge could be best utilized on their reservations.

After attempting to soften intercultural disparity, I needed

to focus on the task of promoting health education. I realized at this frightful moment that the first segment of the program was to be sexually transmitted diseases. The Native American population had been presented in the literature as being bashful, and shyness was considered a desirable attribute. The best I could do at this time was to try to present the information in a factual, relatively nonintimate, way.

Video tapes and overheads were available for use during the presentation and this seemed to be a way to start with being perceived as to bold or offensive. The students observed the videos and were attentive considering the fact that they had earlier expressed being fatigued. The students were relatively unresponsive when asked if they had any questions about these various sexually transmitted diseases.

Many of the students were from the same tribe, but from different parts of the country. Some were from the same part of the country but from different tribes. This seemed to be a logical way to break into groups for discussion. The HRPs were responsive to this suggestion and broke into groups of like tribes; if there were not many like tribes from a given region then they were broken into groups of regional similarity. The groups seemed to be slow in getting their discussions about these topics going, but after awhile they readily conversed with one another. So as not to be to far removed from the activity each group was asked to identify a spokesperson and share with the other groups the issues that evolved from this topic. Many of

the participants expressed a reluctance among their tribal members to use any form of birth control even though the family couldn't really afford another member. They also had many questions about the chemical components in birth control pills.

The lack of readily available transportation to take women to family planning appointments was discussed. Depoprovera, (an injectable form of birth control that lasts for three months), and norplant (an implant that is effective for five years) were discussed as possibilities since the transportation issue would occur less frequently.

The HRPs did briefly mention a ceremonial ritual for women which is held when they first start menstruation. The younger Native Americans seemed interested in telling me more about this ritual, but the older participants cut them off quickly from the conversation. The reason they gave for ending the discussion was that the Holy People would not want this to be discussed with someone outside of their culture, as this could have a detrimental effect on the outsider.

Day Two

The course content of day two was of a less intimate nature. The course content included diabetes and heart disease. The incidence of these two disease processes are remarkably high in the Native American population. Many theories have been suggested for this high rate.

In keeping with the uncertainty reduction theory, I tried to identify with these students. The class presentation was opened

by reflecting on my own experiences in caring for patients with these disease processes. I revealed that some of my immediate family had suffered with these illnesses, some in a particularly extreme form. An aunt had developed diabetes while carrying her third child. She was on a strict diabetic diet and instructed on injecting herself with insulin. Her condition continued to decline, and she volunteered to try an insulin pump, which was experimental at that time. Even this did not offer sufficient control of her diabetic condition and she had various hospitalizations related to comas and near death. Her twin sister volunteered to donate a kidney for her, as she was also developing kidney failure. She eventually succumbed to this disease at a relatively young age. This revelation was well received and the group seemed to empathize with the distress I felt related to that event. The group was much more open, and shared their own family stories around the affects of diabetes and heart disease. They had many questions about monitoring blood sugar levels and about signs and symptoms that are related to life threatening conditions.

Since the group activities had been a success on day one I decided to continue them. This time I simply divided the groups up by number. This was not as well received as the previous division my tribes or regions. I felt that it would be a good opportunity for them to understand something about other Native American tribes.

Understanding the importance of the animals to the Indian

religion and medicine, I asked the group to describe their positive traits by using an animal to represent the group. The groups seemed to enjoy this activity, but it was hard for them to come up with positive characteristics because, as one group testified, modesty, humility, and shyness were considered positive traits and they felt too boastful in describing their self worth. However, the groups did finish this task. Many of the groups had picked an eagle as their group mascot, characterizing the group as strong, committed, and beautiful. Another favorite selection was the wolf, considered to have similar traits as the eagle. The purpose of this assignment was to promote self-worth and to examine positive personal attributes consistent with the humanistic learning philosophy.

A presentation was given on heart disease and the groups discussed the affects of this disease process on their tribes. Prevention was emphasized.

Day Three

This was the final day of my class presentation. I had not had much success it identifying ways to connect traditional Indian medicine (healing ceremonies and herbal infusions) with contemporary or Western medicine. The main topics for discussion this day were hypertension and nutrition. We started the presentation on nutrition with a video and overheads. The concept of limiting fat grams to reduce calories and fat in the diet was described. An interactive activity was planned and the students were each given a piece of candy. Three types of

candies were used in the demonstration. One type had 0 fat grams, one type had 3 fat grams and another had 15 grams of fat. Each participant selected a piece of candy from a bag unaware of the planned assignment. After selection of the candy, the participant was asked to figure the percent of total calories represented by the grams of fat.

This was a humanistic learning activity designed to promote individual learning. Even though the group had practiced figuring the same data from other examples, they were having difficulty doing this individually. Sensing mounting levels of anxiety and frustration, I recommended that the break into groups based on the type of candy they selected. I suggested that they try to calculate the same information in the group. This went much more smoothly, although some groups were still having difficulty. The groups that had completed the assignment were asked to assist the groups still having some difficulty.

The nutrition pyramid was another difficult concept for the group to grasp. The Native American has many myths and beliefs revolving around cycles, which are circular in nature. The food pyramid has little meaning in its representation other than larger percentages of foods needed for balance are on the bottom and smaller percentages on top. I drew this same concept on a flip chart using smaller circles inside larger ones to represent the percentages of types of foods needed for a balanced diet. In this new format, which referenced Native American symbolism, the class readily understood how foods for a balanced diet should be

selected.

There seemed to be a greater sense of accomplishment by the students following these activities. They said they couldn't wait to explain the concept of fat gram counting to their tribal members, and asked about the relationships between diet, exercise, heart disease, diabetes and hypertension. They expressed an understanding of these relationships, and realized the importance of their ability to provide information that may help prevent or control these illnesses. It was inspiring to observe these excited and motivated learners.

I made a final attempt to acquire a better appreciation for the way in which sand paintings and medicine men or women could be incorporated with the new information they had learned. I asked the group if they could describe a way that this information could be worked into the healing ceremonies.

At the same time I was asking this question, a loud noise above us made it difficult for the students to even hear me. In fact in sounded like the building was going to crumble. I repeated the question and one the students that had a rapport with me answered, "We cannot discuss this, the ceremonies are secret and the Holy People will be very displeased if we continue to talk about this. In fact, something very bad could happen to you if we do not hold a blessing ceremony for you, even for this discussion."

Conclusion

There are several changes that could be made in applying Uncertainty Reduction Theory and adult learning theory to a similar teaching experience. Common traits between the audience and the presenter can be the key to reducing Uncertainty when addressing a culture different from your own. This experience made me consider my own personal characteristics and attributes. Being gregarious by nature and relatively outgoing were not necessarily the best characteristics for a facilitator of this group. A facilitator that was modest and humble would probably have developed a rapport with this audience more quickly.

When asked to present information to a similar audience in the future I would change the style of my presentation to accommodate the climate that would produce the best learning experience for the students. This could only be accomplished by deliberately altering my usual style. It would be interesting to explore affect of the style change on the group. Changing your teaching style to accommodate the culture of the learners could decrease the appreciation for acknowledging the differences between cultures.

The organizer for this conference has previously organized the last five conferences. He had about twenty years of experience with the Indian Health Services. His previous background was in pharmacy. He had no course work in adult education, or human resource development. The absence of expertise in these areas was easily identified. The information

to be covered in the amount of time allowed was too detailed. He allowed too much time for breaks, leaving me further behind in presenting the course content.

The humanistic approach to adult learning could also be altered. The audience responded to group activities much better than individual activities. This culture admires traits of bashfulness and have a noncompetitive attitude. The Progressive Education Theory is more consistent with the philosophies of this culture. The progressives broadened the concept of education to include socialization and inculturation. Education is not restricted to schooling, but includes all those incidental and intentional activities that society uses to pass on values, attitudes, knowledge, and skills (Elias and Merriam, 1984). The progressives incorporate the quality and the volume of personal experiences of adults to provide a rich learning resource that can contribute to a more mature approach to education (Knowles, 1970). The progressive education philosophy describes learning as a social movement, involving the whole society. This philosophy notes the value of group process.

There are challenging opportunities available for the non-Native American educator to promote a valuable learning experience in the Native American culture. However, close consideration and attention to cultural similarities and differences prior to the learning event is necessary.

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